

WYOMING HEALTH EDUCATION CONTENT AND PERFORMANCE STANDARDS

RATIONALE

Health literacy is the *capacity* of an individual to obtain, interpret, and understand basic health information and services, and the *competence* to use such information and services in ways that enhance health and reduce health risks.

*Joint Committee on National Health Education Standards, 1995
Revised by the Wyoming Health Education Standards Committee, 2011*

The academic success of America's youth is strongly linked with their health. Hunger, physical and emotional abuse, and chronic illness can lead to poor school performance.¹ Academic failure is consistently linked to health risk factors like the use of alcohol and other drugs, violence, sleep deprivation, poor nutrition and physical inactivity. School attendance, grades, test scores, and the ability to pay attention in class often falter when students engage in practices that negatively impact their health.²⁻¹⁰ Wyoming youth are not immune to these health and academic risks. Alcohol continues to be the most commonly reported substance used by students in Wyoming.^{11,12} While some decline in alcohol use over the last decade has been seen, more than 40% of Wyoming adolescents continue to report having had at least one drink of alcohol in the last 30 days and 26.1% of them report having drunk alcohol before they were 13 years old. The use of chewing tobacco is on the rise, with nearly twice as many Wyoming students using it during the past 30 days than their national counterparts. Bullying and violence, thoughts about suicide, and engaging in risky sexual behavior are also reported by more Wyoming students than the national average.

Twenty-first century learners face challenges to their health, safety and educational success that extend beyond those their parents and grandparents faced – in part, because of the digital age in which they were born. The immersion of the Internet and other technologies into their daily lives has altered the way these digital natives learn and communicate. Along with a positive impact on learning, these technologies present new risks to their health and safety, including the dangers of online sexual solicitation, cyber-bullying and online harassment, and increased availability of harmful, problematic and illegal content. More than ever before, it is vital that schools provide students with experiences that enable them to develop the *capacity* to obtain, interpret, and understand basic health information and services and the *competence* to use such information and services in ways that enhance their health and reduce their health risks. In other words, schools should help students become *health literate*.

The Wyoming Content and Performance Standards are based on the premise that health literacy is the key outcome of school health education. Health literacy is an asset to be achieved¹³ and students must be empowered to apply their knowledge and skills in ways that enable them to exert greater control over their health and health-related decisions.

What is a health literate student?

A health literate student is a:

- ***Critical thinker*** – someone who can use various types of reasoning to solve health related problems, analyze how factors work together and interact to make a person healthy or unhealthy and how they impact decisions, and use systematic processes for making judgments and decisions about their health.
- ***Effective communicator*** – someone who can clearly articulate thoughts and ideas about their health, listen effectively to decipher meaning, use communication about their health for a range of purposes, utilize multiple media and technologies, and communicate effectively and respectfully in diverse environments.
- ***Self-directed learner*** – someone who can self-manage, self-monitor, and self-modify decisions and strategies to improve and/or maintain their health.

Within various levels of developmental ability, health literate students can derive and convey meaning of health information and use their knowledge and skills to enhance health and reduce or avoid health risks. Once a proficient level of health literacy has been obtained, students will have acquired a foundation for becoming ***responsible, productive citizens***. To achieve this end, students must develop personal and social skills that are associated with taking action to enhance health and reduce health risks for themselves and for others.

These qualities of health literacy anchor the 2011 Wyoming Content and Performance Standards in Health Education.

<i>Qualities of Health Literate Student</i>	<i>2011 Health Education Standards</i>
Critical Thinker	Students critically examine health-related problems and use systematic processes to make decisions that enhance health and reduce or avoid risk.
	Students access, analyze and evaluate health information, products and resources.
Effective Communicator	Students demonstrate the ability to use interpersonal communication skills essential for enhancing health and reducing or avoiding health risks.
Self-Directed Learner	Students use personal and social skills that are associated with taking responsible action for enhancing health and reducing or avoiding health risks.
Responsible, Productive Citizen	

Why Do We Have Health Education Standards?

Health education provides a meaningful and relevant context in which students can develop knowledge and skills essential for success in college and career, and it provides the foundation for leading healthy, productive lives.

Health education standards and benchmarks articulate what students should know and be able to do in a content area that can impact success in all other academic areas. Education reform that fails to include health education standards ignores students' health as a major threat to their academic success and to the nation's ability to compete economically. Students who are health literate will have better health status and as adults will be better prepared to contribute to the nation's economic competitiveness by working more effectively, missing fewer days from work due to injury and illness, using fewer medical services due to prevention or delayed onset of disease, and reducing use of health insurance benefits.¹⁴

Health education standards provide the foundation and framework for curriculum development, classroom instruction, and assessment of student performance.

What is new in the Health Education Standards?

Several changes have been made to the Wyoming Content and Performance Standards in Health Education in an effort to improve clarity, functionality, measurability, and alignment.

Number of Standards. The number of standards has been reduced from seven to four. Each standard represents what is considered a “mega” skill of health literacy. Each of the skills represented in the National Health Education Standards (NHES) and in previous versions of the Wyoming standards are still included; however, some of the health skills that were considered pre-cursor and/or sub-skills are now embedded in the relevant “mega” skill standard. Below is a matrix that shows the alignment between the 2011 and 2008 standards.

2011		1. Health Information, Products and Resources	2. Decision Making and Problem Solving		3. Effective Communication		4. Personal and Social Responsibility
2008	1. Health promotion and disease prevention	2. Accessing health information, products and services	4. Influence of culture, media, and technology	6. Decision Making	5. Interpersonal Communication	7. Advocacy	3. Self- Management 6. Goal Setting

Elimination of Content Standard

The 2008 Health Education Standard 1 was intended to address key core concepts about health promotion and disease prevention. Benchmarks were organized around the CDC/DASH adolescent risk behaviors (Alcohol and Other Drugs, Tobacco, Injury Prevention and Safety, Family Life and Sexuality, and Nutrition) and traditional health content areas (Personal, Community, Consumer, Environmental, Mental Health). Benchmarks required students to demonstrate an understanding of the interrelationship between these health risks/contents and their health. These benchmarks were broad statements that offered little clarity about the essential health concepts.

The elimination of this standard does not imply that the development of functional, procedural and conceptual knowledge about health content is unimportant. Health content provides the context in which students practice their health skills and develop their health literacy. As such, students must understand the interrelationship between various health risks/content and their health in order to establish the context for developing their health skills. The 2011 standards are designed to allow school districts flexibility in determining which health risk categories and traditional content areas are most relevant and meaningful to their students and that should be addressed in their local curriculum.

A list of recommended content areas is included with each of the 2011 benchmarks. This list is intended to be used as a guide, not as a requirement. Districts are encouraged to analyze their local health risk data using the Wyoming Prevention Needs Assessment (PNA) and other sources of information to make curriculum decisions about the content areas that should serve as the context in which health knowledge and skills are taught.

Smaller Grade Spans

The 2011 Content and Performance Standards in Health Education include smaller grade spans than in previous standards. Research shows that early, middle, and late childhood is marked by significant changes in cognitive development. The magnitude of change that occurs in brain development within and across developmental periods is significant.^{15,16} Consequently, smaller grade spans will benefit students because performance expectations are more closely aligned to their developmental needs.

Specificity, Cognitive Demand, and Measurability

The Wyoming Content and Performance Standards in Health Education include grade span benchmarks that were written to reflect the full range of cognitive depth appropriate for each level. Blooms Revised Taxonomy¹⁷ was used as the framework for designing benchmarks that require cognitive processes appropriate for each grade span. An increase in specificity can be seen in the benchmarks and purposeful language about quality and rigor has been included in the performance level descriptors. Benchmarks include expectations that can be measured for purposes of formative, interim, and summative assessment of student learning.

Integration of Technology

The International Society for Technology in Education (ISTE) National Education Technology Standards for Students (NETS-S) was used as the framework for the purposeful integration of technology in the 2011 Content and Performance Standards in Health Education. Three of the NET-S are reflected in the health education standards.

WY 2011 Health Education Standards	NET-S
HE 3 Effective Communication	NET-S 2 Communication and Collaboration
HE 1 Health Information, Products and Services HE 2 Decision Making and Problem Solving	NET-S 3 Research and Information Fluency
HE 4 Personal and Social Responsibility	NET-S 5 Digital Citizenship

Organization of Standards

The Wyoming Content and Performance Standards are organized and coded in a similar way for all content areas.

Content = Health Education (HE)

Grade Level = End of grade span

Standard = Number reference to broad statement of what students should know or be able to do

Clusters = *Not included in health education standards*

Benchmark = Number reference to specific statement of what student should know or be able to do by the end of the grade span

Example

HE 8.3.2: Students demonstrate the ability to use effective communication techniques (written, verbal, nonverbal, visual, electronic, etc.) for a variety of purposes for reducing or avoiding health risks (e.g., to inform, to persuade or advocate, to instruct). IP/S, SEXUALITY, ATOD

HE 8.3.2 = Content Area (Health Education)

HE 8.3.2 = Grade level (End of grade span – 7-8)

HE **8.3**.2 = Standard (Standard #3 – Effective Communication)

HE 8.3.**2** = Benchmark (Benchmark #2)*

* Recommended content areas in which to apply the health skills appear after each benchmark. A key that defines content area acronyms can be found in the glossary of this document.

Performance Level Descriptors

Performance level descriptors (PLDs) describe the degree of knowledge and skills required of each performance level. In Wyoming, the "proficient" level is required in order to demonstrate mastery of the standards. PLDs help teachers and others judge where students are performing in relation to the benchmarks, and ultimately, the content standards.

Wyoming Policy Level Performance Descriptors*:

Advanced: Superior academic performance indicating an in-depth understanding and exemplary display of the knowledge and skills included in the Wyoming Content and Performance Standards.

Proficient: Satisfactory academic performance indicating a solid understanding and display of the knowledge and skills included in the Wyoming Content and Performance Standards.

Basic: Marginal academic performance, work approaching, but not yet reaching, satisfactory performance, indicating partial understanding and limited display of the knowledge and skills included in the Wyoming Content and Performance Standards.

The Wyoming Content and Performance Standards in Health Education include PLDs that articulate proficiency level expectations for each grade span within each of the four standards.

* Note: No performance level descriptor is written for “below basic.”

Overview of Standards by Grade Level

HE Standard 1: Health Information, Products and Resources

Health literate students must know how to locate information about health, products they can use for their health, and resources they can use for their health. Ultimately, they must be able to determine if the information, products and resources they locate are valid means for improving their health and/or reducing their health risks. At the earliest ages (K-2), emphasis is on human resources that can help, particularly with reducing health risks, and on locating those resources closest to them (e.g., home and school). By the end of 4th grade students can locate trusted resources at school or in the neighborhood that can help with improving health and reducing health risks, as well know when these resources should be accessed in emergency situations. Cognitive demand increases at the next level (5-6) as students analyze health resources. The focus of the benchmarks at this level expand to include health information (e.g. how do I access it) and products (e.g., how can products reduce my health risk). By 7th and 8th grade students locate and analyze resources in the broader community and they focus on validity as they analyze health information and products. At the high school level students engage in more cognitively complex processes by locating and evaluating the validity of health information, products and resources.

HE Standard #2: Problem Solving and Decision Making

Students who can access, analyze and evaluate health information, products and resources are positioned to make informed decisions and solve problems associated with their health and the health of others. While healthy decisions and solutions to health-related problems are the desired outcomes of this standard, the emphasis of the benchmarks is on the systematic processes students must engage in to reach these positive health outcomes. Students in the earliest grades (K-2) can determine when health decisions are needed, how their decisions can affect themselves and others, and how people close to them (e.g., family) can influence their decisions about health. They can recognize when health problems arise, particularly at home and school. At the next level (3-4), peers gain more influence in decisions students make about their health. Understanding these influences, what the potential outcomes of specific decisions might be and what the steps are in a simple decision making process are emphasized. Once students can recognize when health problems exist, they can begin developing strategies for solving them. By sixth grade, students develop a deeper understanding of the decision-making process, including factors that influence the decision and the potential impact different decisions might have on their health. Cognitive demand increases in their problem solving as they analyze health options and apply a systematic process to examine familiar issues or problems. By eighth grade, these problems expand to the non-familiar and students begin to apply a systematic decision making process, including an analysis of the consequences of the decision. High school students apply systematic

decision making and problem solving processes, with emphasis on the evaluation of consequences, influences, evidence, claims, beliefs and points of view.

Standard #3: Effective Communication

Health literate students can communicate for a variety of purposes, including sending and receiving information, providing instruction and persuading others. In their communication repertoire are numerous strategies and techniques they can use to enhance health and to avoid or reduce health risks. In grades K-2, students begin by identifying appropriate communication techniques for a variety of health enhancing and health challenging situations they may encounter. By grade 4 their understanding of appropriate communication techniques increases, including the use of refusal skills to avoid or reduce health risks, and they are able to show how to use basic listening skills. By 6th grade students demonstrate their ability to use listening skills for specific health purposes. Their understanding of communication deepens as they analyze different strategies and techniques for effectiveness. Active listening continues to be important at the next level (7-8), but the focus becomes specific to deciphering meaning from a health message. Students also demonstrate the ability to use effective communication techniques for a variety of purposes. High school students fine tune their communication skills, including refusal, negotiation and collaboration skills, and evaluate the effectiveness of various techniques for different audiences. They also demonstrate critical thinking skills by delineating a speaker's health arguments or claims and determining if those claims are supported by reason and evidence.

HE Standard #4: Personal and Social Responsibility

Health literate students possess personal and social skills that are associated with taking responsible action to enhance health and reduce or avoid health risks for themselves and for others. They can self-manage, self-monitor and self-assess health and health risks. This begins in the early grades (K-2) when students control impulsive behavior and when they identify and describe behavior, goals and strategies that enhance health and reduce or avoid health risks. Once achieved, older students (3-4) can apply a specific goal setting process to their health and they understand how specific behaviors and emotions can impact the health and safety of themselves and of others. Bullying and the role of the aggressor in bullying situations is introduced at this level. By grade 6, students understand the various types of bullying and roles people play in these situations, as well as how individual, social and cultural differences can make people vulnerable to bullying. They can use multiple criteria to set and monitor their personal health goals and they can analyze various factors that affect health, including stress. Stress management, bullying and violence prevention, and setting personal health goals continue to be addressed in 7-8 grades. Goal setting is extended to include making a plan to achieve personal health goals. Stress management incorporates the analysis of age-appropriate factors that impact adolescents' health. Analyzing the effects of taking action to oppose bullying and describing the impact of bullying on various forms of

health are also included in the benchmarks. By high school, the cognitive demand of previous benchmarks increases to include the evaluation of strategies for managing stress and for being respectful to others and the analysis of various cause and effect relationships. At this level, students will demonstrate the ability to manage their health, advocate for the prevention of violence and bullying, and monitor progress toward achieving long-term health goals.

DRAFT

WYOMING HEALTH CONTENT AND PERFORMANCE STANDARDS

GRADE SPAN K-2

CONTENT STANDARD	
1. <u>HEALTH INFORMATION, PRODUCTS AND RESOURCES</u>	
Students will access, analyze and evaluate health information, products and resources.	
CODE	GRADE 2 BENCHMARKS
HE2.1.1	Identify people who can help students <i>enhance</i> their health (e.g. trusted adult, family member, school nurse, doctor etc.). FAM, IP/S, PCD
HE2.1.2	Identify people who can help students <i>reduce</i> their risks (e.g. trusted adult, family member, school nurse, doctor etc.). IP/S, FAM, VP/B
HE2.1.3	Demonstrate the ability to locate help at school to reduce or avoid health risks (e.g., knowing where to find custodian, principal, school nurse). PCD, PH, IP/S
HE2.1.4	Identify ways to contact or find help for health and safety emergencies (e.g., call 911, find playground monitor). VP/B, IP/S, FA
<p align="center">GRADE 2 PERFORMANCE LEVEL DESCRIPTORS</p> <p align="center">1. <u>HEALTH INFORMATION, PRODUCTS AND RESOURCES</u></p> <p align="center"><u>ADVANCED PERFORMANCE</u></p> <p>2nd grade students at the advanced performance level accurately identify appropriate health resources and consistently locate health resources without assistance.</p> <p align="center"><u>PROFICIENT PERFORMANCE</u></p> <p>2nd grade students at the proficient level accurately identify appropriate resources most of the time. They can locate health resources but may need some assistance.</p> <p align="center"><u>BASIC PERFORMANCE</u></p> <p>2nd grade students at the basic level may make some errors in identifying appropriate health resources. They may have difficulty locating health resources without considerable assistance.</p>	

CONTENT STANDARD

2. PROBLEM SOLVING AND DECISION MAKING

Students will use critical thinking and systematic processes to examine health related problems and make decisions that enhance health and reduce or avoid health risks.

CODE	GRADE 2 BENCHMARKS
HE2.2.1	Identify situations where a health related decision is needed. IP/S, PH, FAM
HE2.2.2	Recognize when assistance is needed for making a decision. IP/S, VP/B, ATOD
HE2.2.3	Describe how health related decisions can affect self or others (e.g., decision to sneeze into sleeve prevents spreading germs to others). IP/S, PCD
HE2.2.4	Describe how family can influence decisions students make about health practices and risk behaviors (e.g., washing hands, not wearing seatbelts). FAM, PH, PCD
HE2.2.5	Recognize health-related problems that exist at home and school (e.g., soap dispenser is empty, students not washing hands after going to bathroom, ice on the playground). PH, IP/S, VP/B

GRADE 2 PERFORMANCE LEVEL DESCRIPTORS

2. PROBLEM SOLVING AND DECISION MAKING

ADVANCED PERFORMANCE

2nd grade students at the advanced performance level accurately identify health-related problems and conditions when health-related decisions are needed. They provide great detail in their descriptions.

PROFICIENT PERFORMANCE

2nd grade students at the proficient level accurately identify health-related problems and conditions when health-related decisions are needed but with minor inaccuracies. They provide some detail in their descriptions.

BASIC PERFORMANCE

2nd grade students at the basic level may make some errors in identifying health-related problems and conditions when health-related decisions are needed. Their descriptions lack detail.

CONTENT STANDARD

3. EFFECTIVE COMMUNICATION

Students will demonstrate the ability to use interpersonal communication skills to enhance health and reduce or avoid health risks.

CODE	GRADE 2 BENCHMARKS
HE2.3.1	Identify various methods to express individual health needs, wants, and feelings (e.g., visual, verbal, physical). PH, ME, FAM
HE2.3.2	Identify characteristics of effective communication for the purpose of expressing health needs, wants, and feelings (e.g., eye contact, clear purpose, etc.). PH, ME, FAM
HE2.3.3	Identify appropriate ways to respond to/in unwanted, threatening or dangerous situations. IP/S, PH, VP/B
HE2.3.4	Identify characteristics of effective listening skills to enhance health or reduce/avoid health risks (e.g., eyes on speaker, etc.). PCD, IP/S, FA

GRADE 2 PERFORMANCE LEVEL DESCRIPTORS

3. EFFECTIVE COMMUNICATION

ADVANCED PERFORMANCE

2nd grade students at the advanced performance level accurately identify appropriate communication techniques for a variety of health-related situations.

PROFICIENT PERFORMANCE

2nd grade students at the proficient level make some errors in identifying appropriate communication techniques for a variety of health-related situations.

BASIC PERFORMANCE

2nd grade students at the basic level have difficulty identifying inappropriate communication techniques for a variety of health-related situations.

CONTENT STANDARD

4. PERSONAL AND SOCIAL RESPONSIBILITY

Students will demonstrate the ability to use personal and social skills that are associated with taking responsible action for enhancing health and reducing or avoiding health risks.

CODE	GRADE 2 BENCHMARKS
HE2.4.1	Identify behaviors that improve or maintain personal health. PA, NUT, PH
HE2.4.2	Identify behaviors that help avoid or reduce health risks. IP/S, VP/B, ATOD
HE2.4.3	Identify behaviors that prevent the spread of disease. CEH, PH, PCD
HE2.4.4	Recognize and accurately label emotions and how they are linked to behavior (anger, sadness, joy, etc.). ME, VP/B
HE2.4.5	Demonstrate control of impulsive behavior (anger management, delayed gratification, etc.). ME, VP/B, IP/S
HE2.4.6	Describe why health goals are important. PH
HE2.4.7	Identify goals for <i>enhancing</i> health. PA, PH, NUT
HE2.4.8	Describe the ways people are similar and different. FAM, VP/B
HE2.4.9	Recognize how individual health behavior affects the health and well-being of others. CEH, FAM, VP/B

GRADE 2 PERFORMANCE LEVEL DESCRIPTORS

4. PERSONAL AND SOCIAL RESPONSIBILITY

ADVANCED PERFORMANCE

2nd grade students at the advanced performance level consistently apply personal and social skills to control impulsive behavior. They accurately identify and describe behavior, goals and strategies that enhance health and reduce or help avoid health risks.

PROFICIENT PERFORMANCE

2nd grade students at the proficient level consistently apply personal and social skills to control impulsive behavior. They make some errors in identifying and describing behavior, goals and strategies that enhance health and reduce or help avoid health risks.

BASIC PERFORMANCE

2nd grade students at the basic level inconsistently apply personal and social skills to control impulsive behavior. They have difficulty identifying and describing behavior, goals and strategies that enhance health and reduce or help avoid health risks.

GRADE SPAN 3-4

CONTENT STANDARD

1. HEALTH INFORMATION, PRODUCTS AND RESOURCES

Students will access, analyze and evaluate health information, products and resources.

CODE	GRADE 4 BENCHMARKS
HE4.1.1	Explain when school and community resources should be accessed for specific health and safety emergencies. IP/S, VP/B, FAM
HE4.1.2	Demonstrate the ability to access trusted resources at school or neighborhood that can help reduce or avoid health risks. CEH, FAM, IP/S
HE4.1.3	Demonstrate the ability to access trusted resources at school or neighborhood that can help enhance health. PH, NUT, CEH

GRADE 4 PERFORMANCE LEVEL DESCRIPTORS

1. HEALTH INFORMATION, PRODUCTS AND RESOURCES

ADVANCED PERFORMANCE

4th grade students at the advanced performance level consistently demonstrate the ability to access appropriate resources and provide very detailed reasons for accessing specific resources.

PROFICIENT PERFORMANCE

4th grade students at the proficient level demonstrate the ability to access appropriate resources and provide *some* detailed reasons for accessing specific resources.

BASIC PERFORMANCE

4th grade students at the basic level inconsistently demonstrate the ability to access appropriate resources and provide limited or inappropriate reasons for accessing specific resources.

CONTENT STANDARD

2. PROBLEM SOLVING AND DECISION MAKING

Students will use critical thinking and systematic processes to examine health related problems and make decisions that enhance health and reduce or avoid health risks.

CODE	GRADE 4 BENCHMARKS
HE4.2.1	Describe situations or circumstances that help or hinder healthy decision-making. IP/S, VP/B, FAM
HE4.2.2	Explain when assistance is needed for making health related decisions. IP/S, VP/B, CEH
HE4.2.3	Illustrate how health related decisions can affect self and others. FAM, PH, PA
HE4.2.4	Explain steps of a simple decision-making process to enhance health or reduce health risks (e.g., identify a few options and consequences of each option). IP/S, VP/B, ATOD (medicinal drugs)
HE4.2.5	Explain the potential outcomes of each option when making a health-related decision (e.g., options regarding decision to intervene in bullying situation - ask/get beat up). VP/B, IP/S, ATOD
HE4.2.6	Describe how peers can influence decisions students make about health practices and risk behaviors. FAM, IP/S, VP/B
HE4.2.7	Describe healthy options to health-related issues or problems (e.g., benefits of recess before and after lunch). PA, NUT, VP/B
HE4.2.8	Explain strategies for solving simple health problems that exist at home and school (e.g., create a poster advocating for washing hands, tell an adult, scientific inquiry process, etc.). PH, IP/S, CEH

GRADE 4 PERFORMANCE LEVEL DESCRIPTORS

2. PROBLEM SOLVING AND DECISION MAKING

ADVANCED PERFORMANCE

4th grade students at the advanced performance level provide great detail, accuracy and completeness in their description and explanation of problem-solving and decision making processes. They clearly show the effects of health-related decisions.

PROFICIENT PERFORMANCE

4th grade students at the proficient level provide explanations about problem solving strategies that include some detail. Their description and explanation of problem-solving and decision making processes are complete, but minor inaccuracies may be evident. They can show the effects of health-related decisions.

BASIC PERFORMANCE

4th grade students at the basic level provide explanations about problem solving strategies that may be incomplete or inaccurate. Their description and explanation of problem-solving and decision making processes lack detail or include limited detail. They have difficulty showing the effects of health-related decisions.

CONTENT STANDARD

3. EFFECTIVE COMMUNICATION

Students will demonstrate the ability to use interpersonal communication skills to enhance health and reduce or avoid health risks.

CODE	GRADE 4 BENCHMARKS
HE4.3.1	Describe verbal and nonverbal methods of communication to enhance health or reduce/avoid health risks. FAM, ME, ATOD
HE4.3.2	Describe characteristics of effective communication for the purpose of enhancing health or reducing/avoiding health risks. VP/B, PCD
HE4.3.3	Describe refusal skills to avoid or reduce health risks. ATOD, VP/B, IP/S
HE4.3.4	Demonstrate the ability to use basic listening skills to enhance health or reduce/avoid health risks (e.g., eye contact, follow the speaker with eyes, stay quiet, wait turn in conversations, etc.). FAM, CEH, ME

GRADE 4 PERFORMANCE LEVEL DESCRIPTORS

3. EFFECTIVE COMMUNICATION

ADVANCED PERFORMANCE

4th grade students at the advanced performance level demonstrate the ability to use basic listening skills and use great detail to describe effective communication techniques.

PROFICIENT PERFORMANCE

4th grade students at the proficient level demonstrate the ability to use basic listening skills and use some detail to describe effective communication techniques.

BASIC PERFORMANCE

4th grade students at the basic level have difficulty using basic listening skills. Their description of effective communication techniques lacks detail or includes limited detail.

CONTENT STANDARD

4. PERSONAL AND SOCIAL RESPONSIBILITY

Students will demonstrate the ability to use personal and social skills that are associated with taking responsible action for enhancing health and reducing or avoiding health risks.

CODE	GRADE 4 BENCHMARKS
HE4.4.1	Explain why specific behaviors help improve or maintain personal health. NUT, PH, IP/S
HE4.4.2	Explain behaviors that help avoid or reduce health risks. ATOD, VP/B, IP/S
HE4.4.3	Explain how specific behaviors prevent the spread of disease. PCD, PH, CEH
HE4.4.4	Describe a range of emotions and the situations that cause them. ME, VP/B
HE4.4.5	Describe and demonstrate the ability to express emotions in a socially acceptable manner (positive ways to express anger, alternatives to violence, etc.). ME
HE4.4.6	Describe criteria for setting personal health goals. PH
HE4.4.7	Set a measurable short-term personal health goal and monitor progress on achieving the goal (e.g., brush teeth two times per day, walk 10,000 steps every day). PA, NUT, IP/S
HE4.4.8	Describe how to work effectively with those who are different from oneself. FAM, VP/B
HE4.4.9	Define bullying and the role of the aggressor in bullying situations. VP/B, ME

GRADE 4 PERFORMANCE LEVEL DESCRIPTORS

4. PERSONAL AND SOCIAL RESPONSIBILITY

ADVANCED PERFORMANCE

4th grade students at the advanced performance level demonstrate accuracy in applying the goal setting process. Their descriptions and explanations are detailed. This seems rather short compared to the grade levels on each side of it... but does seem to address everything in the benchmarks.

PROFICIENT PERFORMANCE

4th grade students at the proficient level demonstrate can apply the goal setting process but there may be some inaccuracies. Their descriptions and explanations include some detail.

BASIC PERFORMANCE

4th grade students at the basic level have difficulty applying the goal setting process. Their descriptions and explanations lack detail or include limited detail.

GRADE SPAN 5-6

CONTENT STANDARD	
1. <u>HEALTH INFORMATION, PRODUCTS AND RESOURCES</u>	
Students will access, analyze and evaluate health information, products and resources.	
CODE	GRADE 6 BENCHMARKS
HE6.1.1	Analyze family, school, or community resources that can be used to enhance health (e.g. compare/contrast what help different people can give). VP/B, PCD, ME
HE6.1.2	Analyze family school or community resources that can be used to reduce or avoid health risks. (e.g., DARE officer help with strategies). VP/B, ATOD, G&D
HE6.1.3	Access appropriate information about health and health risks (e.g. where do you find info about growth and development, ATOD, or nutrition). G&D, ATOD, NUT
HE6.1.4	Explain how products can <i>enhance</i> personal health (e.g. deodorant, toothpaste, etc.). NUT, PH, ME (Related to self-esteem)
HE6.1.5	Explain how products can <i>reduce</i> health risks. PH, PCD, IP/S
GRADE 6 PERFORMANCE LEVEL DESCRIPTORS	
1. <u>HEALTH INFORMATION, PRODUCTS AND RESOURCES</u>	
<u>ADVANCED PERFORMANCE</u>	
6th grade students at the advanced performance level can access a variety of sources for health information. They provide explanations that include great detail and their analysis is complex and accurate.	
<u>PROFICIENT PERFORMANCE</u>	
6th grade students at the proficient level can access a few sources of health information. Their explanations include some detail and their analysis is simple and may include minor inaccuracies.	
<u>BASIC PERFORMANCE</u>	
6th grade students at the basic level may need limited assistance in accessing appropriate sources of health information. Their explanations lack detail or are limited in detail and their analysis is incomplete or inaccurate.	

CONTENT STANDARD

2. PROBLEM SOLVING AND DECISION MAKING

Students will use critical thinking and systematic processes to examine health related problems and make decisions that enhance health and reduce or avoid health risks.

CODE	GRADE 6 BENCHMARKS
HE6.2.1	Differentiate between situations when a health-related decision can be made individually or when assistance is needed. ATOD, IP/S, ME
HE6.2.2	Determine when health-related situations require the application of a thoughtful decision-making process. IP/S, VP/B, ATOD
HE6.2.3	Explain the steps of a decision-making process to enhance health or reduce health risk. ATOD, IP/S, ME
HE6.2.4	Analyze potential short-term impact of each alternative on self and others when making a health related decision (e.g., if I intervene in bullying situation and I get beat up, I may be get a black eye but I may prevent the victim from getting badly hurt). ATOD, IP/S, VP/B
HE6.2.5	Explain how family and peers can influence decisions students make about health practices and risk behaviors. ME, ATOD, VP/B
HE6.2.6	Analyze healthy options to health-related issues or problems (e.g., compare and contrast extracurricular physical activity programs offered at elementary schools in the community). PA, NUT, CEH
HE6.2.6	Apply a systematic process to examine familiar health-related issues or problems (e.g., identify problem, collect information, analyze data, draw conclusions, make simple recommendations). NUT, PA, VP/B

GRADE 6 PERFORMANCE LEVEL DESCRIPTORS

2. PROBLEM SOLVING AND DECISION MAKING

ADVANCED PERFORMANCE

6th grade students at the advanced performance level apply problem-solving processes that are complete and accurate. Their explanations include great detail and their analysis is complex and accurate.

PROFICIENT PERFORMANCE

6th grade students at the proficient level consistently apply problem-solving processes that are complete but may have minor inaccuracies. Their explanations include some detail and their analysis is simple and may include minor inaccuracies.

BASIC PERFORMANCE

6th grade students at the basic level apply problem-solving processes that are incomplete or inaccurate. Their explanations include limited or lack of detail and their analysis is incomplete or inaccurate.

CONTENT STANDARD

3. EFFECTIVE COMMUNICATION

Students will demonstrate the ability to use interpersonal communication skills to enhance health and reduce or avoid health risks.

CODE	GRADE 6 BENCHMARKS
HE6.3.1	Explain how various verbal and non-verbal techniques are effective in enhancing health or avoiding/reducing health risks (e.g., argument will not escalate if I use "I" messages and avoid blaming others). VP/B, ATOD, FAM
HE6.3.2	Analyze communication techniques used to enhance health or reduce/avoid health risks (e.g., example specific to cultural differences, how to ask of help to enhance personal health or reduce risks). VP/B, ATOD, CEH
HE6.3.3	Analyze refusal strategies for potential effectiveness. VP/B, IP/S, ATOD
HE6.3.4	Describe barriers to effective communication about health. ME, G&D, PCD
HE6.3.5	Demonstrate the ability to use listening skills for specific health purposes (e.g., asking questions to gather information and/or obtain instructions, make connections, ask clarifying questions). ATOD, IP/S, G&D

GRADE 6 PERFORMANCE LEVEL DESCRIPTORS

3. EFFECTIVE COMMUNICATION

ADVANCED PERFORMANCE

6th grade students at the advanced performance level consistently demonstrate their ability to use effective listening skills. Their explanations include great detail and their analysis is complex and accurate.

PROFICIENT PERFORMANCE

6th grade students at the proficient level demonstrate the use of effective listening skills most of the time. Their explanations include some detail and their analysis is simple and may include minor inaccuracies.

BASIC PERFORMANCE

6th grade students at the basic level inconsistently demonstrate the use of effective listening skills. Their explanations include limited or lack of detail and their analysis is incomplete or inaccurate.

CONTENT STANDARD

4. PERSONAL AND SOCIAL RESPONSIBILITY

Students will demonstrate the ability to use personal and social skills that are associated with taking responsible action for enhancing health and reducing or avoiding health risks.

CODE	GRADE 6 BENCHMARKS
HE6.4.1	Demonstrate an understanding of behaviors that improve or maintain personal health. G&D, IP/S, ME
HE6.4.2	Demonstrate an understanding of behaviors to avoid or reduce health risks. ATOD, IP/S, VP/B
HE6.4.3	Demonstrate an understanding of behaviors that prevent the spread of disease. PCD, CEH, PH
HE6.4.4	Analyze factors that create stress or motivate successful performance. ME
HE6.4.5	Analyze age appropriate factors that create good stress and bad stress. ME, ATOD, PA
HE6.4.6	Demonstrate the ability to apply strategies to manage bad stress and use good stress to motivate successful performance (e.g. getting sufficient sleep). PA, NUT, PH
HE6.4.6	Use multiple criteria to set short-term personal health goals (e.g., Specific, Measurable, Action oriented, Realistic, Timely). PA, NUT, PH
HE6.4.7	Monitor progress toward achieving a short-term personal health goal and analyze why it is achieved or not achieved (e.g., the goal to be physically active for 30 minutes every day was not achieved because of snowy weather and no community facility was available for exercise). PA, NUT, PH
HE6.4.8	Explain how individual, social and cultural differences may increase vulnerability to bullying and identify ways to address it. VP/B, ME
HE6.4.9	Define various types of bullying and the roles of the aggressor and bystanders in bullying situations. (e.g., physical aggression, social/relational aggression, intimidation, verbal aggression, written aggression, cyber bullying, hazing, etc.). VP/B, CEH, ME

GRADE 6 PERFORMANCE LEVEL DESCRIPTORS

4. PERSONAL AND SOCIAL RESPONSIBILITY

ADVANCED PERFORMANCE

6th grade students at the advanced performance level demonstrate understanding and application of strategies and behavior to enhance health and reduce or avoid health risks that is comprehensive and accurate. Their analysis is complete and accurate.

PROFICIENT PERFORMANCE

6th grade students at the proficient level demonstrate understanding and application of strategies and behavior to enhance health and reduce or avoid health risks that is comprehensive but may include minor inaccuracies. Their analysis is simple and may include minor inaccuracies.

BASIC PERFORMANCE

6th grade students at the basic level provide limited evidence of understanding and applying strategies and behavior that enhances health and reduces or avoids health risks. Their analysis is incomplete or inaccurate.

GRADE SPAN 7-8

<p style="text-align: center;">CONTENT STANDARD</p> <p style="text-align: center;">1. <u>HEALTH INFORMATION, PRODUCTS AND RESOURCES</u></p> <p>Students will access, analyze and evaluate health information, products and resources.</p>	
CODE	GRADE 8 BENCHMARKS
HE8.1.1	Demonstrate the ability to locate appropriate health resources at school or in the community that help <i>enhance</i> health. ME, PH, NUT
HE8.1.2	Demonstrate the ability to locate appropriate health resources at school or in the community that help <i>reduce</i> health risks. SEXUALITY, ATOD, VP/B
HE8.1.3	Analyze situations or conditions to determine when health services are needed (<i>e.g., Distinguish when symptoms warrant a visit to the doctor versus taking over the counter medication.</i>). ME, VP/B, SEXUALITY
HE8.1.4	Explain criteria for determining validity of health information. SEXUALITY, ATOD, NUT
HE8.1.5	Analyze health information for characteristics of validity (<i>e.g. compare and contrast currency of info in different health articles on ATOD, Violence or mental/emotional health</i>). ATOD, ME, VP/B
HE8.1.6	Analyze characteristics of products and how they enhance health or reduce health risks (<i>e.g., compare products</i>). NUT, IP/S, PA
<p style="text-align: center;">GRADE 8 PERFORMANCE LEVEL DESCRIPTORS</p> <p style="text-align: center;">1. <u>HEALTH INFORMATION, PRODUCTS AND RESOURCES</u></p> <p style="text-align: center;"><u>ADVANCED PERFORMANCE</u></p> <p>8th grade students at the advanced performance level can access a variety of sources of health information. Their explanations include great detail and their analysis is complex and accurate.</p> <p style="text-align: center;"><u>PROFICIENT PERFORMANCE</u></p> <p>8th grade students at the proficient level can access a few sources of health information. Their explanations include some detail and their analysis is simple and may include minor inaccuracies.</p> <p style="text-align: center;"><u>BASIC PERFORMANCE</u></p> <p>8th grade students at the basic level can access limited sources or need assistance in accessing sources of health information. Their explanations include limited or lack of detail and their analysis is incomplete or inaccurate.</p>	

CONTENT STANDARD

2. PROBLEM SOLVING AND DECISION MAKING

Students will use critical thinking and systematic processes to examine health related problems and make decisions that enhance health and reduce or avoid health risks.

CODE	GRADE 8 BENCHMARKS
HE8.2.1	Distinguish when individual or collaborative decision-making is appropriate. CEH, ATOD, VP/B
HE8.2.2	Explain various types of decision-making processes to enhance health or reduce health risks (e.g., automatic, intuitive, etc.). ATOD, IP/S, NUT
HE8.2.3	Apply a systematic decision making process that includes analysis of consequences to <i>enhance health</i> (e.g., impact of decision on self, on others). ME, PA, PCD
HE8.2.4	Apply a systematic decision-making process that includes analysis of consequences to <i>reduce or avoid health risks</i> . ATOD, SEXUALITY, VP/B
HE8.2.5	Analyze how peers, culture, and media can influence decisions students make about health practices and risk behaviors (e.g., time, fiscal, etc.). SEXUALITY, ATOD, ME
HE8.2.6	Apply a systematic process to examine non-familiar health-related issues or problems (e.g., identify problem, collect information, analyze data, draw conclusions, make recommendations). ATOD, CEH, PCD (e.g. pandemics)

GRADE 8 PERFORMANCE LEVEL DESCRIPTORS

2. PROBLEM SOLVING AND DECISION MAKING

ADVANCED PERFORMANCE

8th grade students at the advanced performance level apply decision-making and problem-solving processes that are complete and accurate. Their explanations include great detail and their analysis is complex and accurate.

PROFICIENT PERFORMANCE

8th grade students at the proficient level consistently apply decision-making and problem-solving processes that are complete but may have minor inaccuracies. Their explanations include some detail and their analysis is simple and may include minor inaccuracies

BASIC PERFORMANCE

8th grade students at the basic level apply decision making and problem solving processes that are incomplete or inaccurate. Their explanations include limited or lack of detail and their analysis is incomplete or inaccurate.

CONTENT STANDARD

3. EFFECTIVE COMMUNICATION

Students will demonstrate the ability to use interpersonal communication skills to enhance health and reduce or avoid health risks.

CODE	GRADE 8 BENCHMARKS
HE8.3.1	Demonstrate the ability to use effective communication techniques (written, verbal, nonverbal, visual, electronic, etc.) for a variety of purposes of <i>enhancing</i> health (e.g., to inform, to persuade or advocate, to instruct). PH, CEH, PCD
HE8.3.2	Demonstrate the ability to use effective communication techniques (written, verbal, nonverbal, visual, electronic, etc.) for a variety of purposes for reducing or avoid health risks (e.g., to inform, to persuade or advocate, to instruct). IP/S, SEXUALITY, ATOD
HE8.3.3	Demonstrate the ability to apply effective refusal and conflict resolution skills to <i>avoid</i> risky situations. ATOD, SEXUALITY, VP/B
HE8.3.4	Analyze characteristics of and demonstrate the ability to use effective listening to decipher meaning from a health message (e.g., listen for details, listen for specific information, identify emotions, listen for opinions, infer meaning, etc.). ANY CONTENT AREA

GRADE 8 PERFORMANCE LEVEL DESCRIPTORS

3. EFFECTIVE COMMUNICATION

ADVANCED PERFORMANCE

8th grade students at the advanced performance level consistently demonstrate their ability to use effective listening skills. Their application is comprehensive (e.g., use multiple techniques) and accurate (e.g., appropriate skill cues for specific technique) and their analysis is complex and accurate.

PROFICIENT PERFORMANCE

8th grade students at the proficient level demonstrate the use of effective listening skills most of the time. Their application is comprehensive (e.g., use multiple techniques) but may include minor inaccuracies (e.g., a few skill cues for specific technique may be inappropriate or missing) and their analysis is simple and may include minor inaccuracies.

BASIC PERFORMANCE

8th grade students at the basic level inconsistently demonstrate the use of effective listening skills. Their application is limited (e.g., difficulty applying multiple techniques) and includes inaccuracies (e.g., skill cues for specific technique may be inappropriate or missing) and their analysis is incomplete or inaccurate.

CONTENT STANDARD

4. PERSONAL AND SOCIAL RESPONSIBILITY

Students will demonstrate the ability to use personal and social skills that are associated with taking responsible action for enhancing health and reducing or avoiding health risks.

CODE	GRADE 8 BENCHMARKS
HE8.4.1	Differentiate between appropriate and inappropriate behaviors for improving or maintaining personal health. PH, PA, NUT
HE8.4.2	Analyze behaviors that avoid and reduce health risks, to self and others. ATOD, SEXUALITY, IP/S
HE8.4.3	Demonstrate an understanding of behaviors that prevent the spread of disease. SEXUALITY, ATOD, PCD
HE8.4.4	Describe signs of stress and how stress can affect health status. ME, ATOD
HE8.4.5	Analyze age appropriate factors that create good stress and bad stress. ME, ATOD, SEXUALITY
HE8.4.6	Demonstrate the ability to apply strategies to manage bad stress and use good stress to motivate successful performance. PA, NUT, PH
HE8.4.7	Use criteria to set a short-term personal health goal and make a plan for achieving it. ME, PA, NUT
HE8.4.8	Monitor progress toward achieving a short-term personal health goal and analyze why it is achieved or not achieved (e.g., the goal to be physically active for 30 minutes every day was achieved because it met all SMART criteria and my plan included activities for all weather conditions). ME, PA, NUT
HE8.4.9	Analyze the effects of taking action to oppose bullying based on individual and group differences. VP/B, CEH, ME
HE8.4.10	Describe various forms of bullying and the roles of all involved (aggressor, bystander, victim, etc.) in bullying situations. VP/B, CEH, ME
HE8.4.11	Describe the impact of bullying on physical health, mental and emotional health, and social health (e.g. depression, violence, avoidance, suicide, physical illness, etc.). VP/B, CEH, ME

GRADE 8 PERFORMANCE LEVEL DESCRIPTORS

4. PERSONAL AND SOCIAL RESPONSIBILITY

ADVANCED PERFORMANCE

8th grade students at the advanced performance level demonstrate understanding and application of strategies and behavior to enhance health and reduce or avoid health risks that is comprehensive, complex and accurate. Their analysis is complete and accurate.

PROFICIENT PERFORMANCE

8th grade students at the proficient level demonstrate understanding and application of strategies and behavior to enhance health and reduce or avoid health risks that is comprehensive but may lack complexity or may include minor inaccuracies. Their analysis is simple and may include minor inaccuracies.

BASIC PERFORMANCE

8th grade students at the basic level provide limited evidence of understanding and applying strategies and behavior that enhances health and reduces or avoids health risks. Their analysis is incomplete or inaccurate.

GRADE SPAN 9-12

CONTENT STANDARD	
1. <u>HEALTH INFORMATION, PRODUCTS AND RESOURCES</u>	
Students will access, analyze and evaluate health information, products and resources.	
CODE	GRADE 12 BENCHMARKS
HE12.1.1	Locate and evaluate appropriate resources at school, in the community and beyond that help to <i>enhance</i> health (e.g., <i>human resources, printed and electronic resources, equipment and facilitates, etc.</i>). PA, PH, ME
HE12.1.2	Locate and evaluate appropriate resources at school, in the community and beyond that help to <i>reduce</i> health risks. (e.g., <i>human resources, printed and electronic resources, equipment and facilitates, etc.</i>). ATOD, SEXUALITY, PH
HE12.1.3	Use criteria to evaluate the validity of health information from a variety of sources (e.g., written, verbal, visual, electronic, etc.). ATOD, SEXUALITY, NUT
HE12.1.4	Use criteria to evaluate products that can enhance health and reduce health risks (e.g., <i>Examine carefully performance supplements and make a judgment about the short and long term impact on an adolescent's health.</i>). NUT, PA, ATOD
<p style="text-align: center;">GRADE 12 PERFORMANCE LEVEL DESCRIPTORS</p> <p style="text-align: center;">1. <u>HEALTH INFORMATION, PRODUCTS AND RESOURCES</u></p> <p style="text-align: center;"><u>ADVANCED PERFORMANCE</u></p> <p>12th grade students at the advanced performance level provide considerable evidence to support their judgment and a defensible rationale to support their conclusion about validity.</p> <p style="text-align: center;"><u>PROFICIENT PERFORMANCE</u></p> <p>12th grade students at the proficient level use evidence to support their judgment and a sound rationale their conclusion about validity.</p> <p style="text-align: center;"><u>BASIC PERFORMANCE</u></p> <p>12th grade students at the basic level demonstrate use limited evidence or faulty rationale to support their judgment or conclusion.</p>	

CONTENT STANDARD

2. PROBLEM SOLVING AND DECISION MAKING

Students will use critical thinking and systematic processes to examine health related problems and make decisions that enhance health and reduce or avoid health risks.

CODE	GRADE 12 BENCHMARKS
HE12.2.1	Analyze the types of decisions that would be appropriate for a specific health related situation (e.g., 1-step/automatic process appropriate for emergency, 5-step process appropriate for long-term decision). ATOD, SEXAULTY, IP/S
HE12.2.2	Apply a systematic decision making process that includes evaluation of consequences to <i>enhance health</i> (e.g., impact of decision on self, on others). SEXUALITY, IP/S, CEH
HE12.2.3	Apply a systematic decision making process that includes evaluation of consequences to <i>reduce or avoid health risks</i> . ATOD, SEXUALITY, IP/S
HE12.2.4	Evaluate how peers, culture, media and technology influence decisions students make about health practices and risk behaviors. SEXUALITY, ATOD, ME
HE12.2.5	Apply a systematic process to evaluate the evidence, claims, beliefs and/or points of view about non-familiar health related issues or problems. ATOD, PA, NUT

GRADE 12 PERFORMANCE LEVEL DESCRIPTORS

2. PROBLEM SOLVING AND DECISION MAKING

ADVANCED PERFORMANCE

12th grade students at the advanced performance level demonstrate decision making and problem solving processes that are complete and accurate. They provide considerable evidence to support their judgment and a complex or defensible rationale to support their conclusions. Their analysis is complex and accurate.

PROFICIENT PERFORMANCE

12th grade students at the proficient level demonstrate decision making and problem solving processes that are complete and may have minor inaccuracies. They use evidence to support their judgment and a sound rationale to support their conclusion. Their analysis is simple and may include minor inaccuracies.

BASIC PERFORMANCE

12th grade students at the basic level demonstrate decision making and problem solving processes that may be incomplete or inaccurate. They use limited evidence or faulty rationale to support their judgment or conclusion. Their analysis is incomplete or inaccurate.

CONTENT STANDARD

3. EFFECTIVE COMMUNICATION

Students will demonstrate the ability to use interpersonal communication skills to enhance health and reduce or avoid health risks.

CODE	GRADE 12 BENCHMARKS
HE12.3.1	Evaluate verbal and non-verbal techniques for communicating effectively with family, peers and others to <i>enhance</i> health. PH, CEH, ME
HE12.3.2	Evaluate verbal and non-verbal techniques for communicating effectively with family, peers and others to <i>reduce</i> or <i>avoid</i> health risks. ATOD, SEXUALITY, VP/B
HE12.3.3	Demonstrate the ability to use effective communication techniques to advocate for personal and community health. PH, CEH
HE12.3.4	Demonstrate the ability to use refusal, negotiation and collaboration skills to <i>enhance</i> health. ME, CEH, VP/B
HE12.3.5	Demonstrate the ability to use refusal, negotiation and collaboration skills to <i>reduce</i> or <i>avoid</i> health risks. ATOD, SEXUALITY, VP/B
HE12.3.6	Demonstrate the ability to use strategies to prevent, manage, or resolve interpersonal conflicts without harming self or others. IP/S, VP/B, ME
HE12.3.7	Delineate a speaker's health argument and specific claims, distinguishing health claims that are supported by reasons and evidence from health claims that are not supported by reasons and evidence. ANY CONTENT AREA

GRADE 12 PERFORMANCE LEVEL DESCRIPTORS

3. EFFECTIVE COMMUNICATION

ADVANCED PERFORMANCE

12th grade students at the advanced performance level consistently demonstrate effective communication techniques that are complete and accurate. Their application is comprehensive (e.g., use multiple techniques) and accurate (e.g., appropriate skill cues for specific technique). They use evidence to support their judgment and a sound rationale to support their conclusion.

PROFICIENT PERFORMANCE

12th grade students at the proficient level demonstrate effective communication techniques that are complete but may have minor inaccuracies. Their application is comprehensive (e.g., use multiple techniques) but may include minor inaccuracies (e.g., a few skill cues for specific technique may be inappropriate or missing). They use evidence to support their judgment and a sound rationale to support their conclusion.

BASIC PERFORMANCE

12th grade students at the basic level demonstrate communication techniques that are incomplete, inaccurate or inappropriate. Their application is limited (e.g., difficulty applying multiple techniques) and includes inaccuracies (e.g., skill cues for specific technique may be inappropriate or missing). Their use of evidence and sound rationale is limited when supporting their judgment or conclusion.

CONTENT STANDARD

4. PERSONAL AND SOCIAL RESPONSIBILITY

Students will demonstrate the ability to use personal and social skills that are associated with taking responsible action for enhancing health and reducing or avoiding health risks.

CODE	GRADE 12 BENCHMARKS
HE12.4.1	Analyze the relationship between personal health and their effect on self, others, and society. CEH, PCD, PA
HE12.4.2	Demonstrate the ability to use a strategic approach to manage health risks and enhance health. NUT, PA, ME
HE12.4.3	Demonstrate an understanding of behaviors that prevent the spread of disease. SEXUALITY, ATOD, PCD
HE12.4.4	Explain signs of stress and how stress can affect health status. ME, ATOD
HE12.4.5	Analyze age appropriate factors that create good stress and bad stress. ME, ATOD, SEXUALITY
HE12.4.7	Evaluate the appropriateness of various strategies for managing stress and avoiding stress overload in specific situations (e.g. regular exercise to deal with divorce, regular sleep prior to testing, etc.). PA, NUT, PH
HE12.4.8	Use criteria to set a long-term personal health goal and make a plan for achieving it. ME, PA, NUT
HE12.4.9	Monitor progress toward achieving a long-term personal health goal and evaluate the effectiveness of the plan for meeting the goal (e.g., a plan to meet the goal of reducing body fat by the end of the semester was effective because it included a variety of activities that met scientific principles for fitness and weight loss (e.g., aerobic activity for 30-45 minutes daily, reducing sugar intake, increasing water intake, attending PE every day, etc.). ME, PA, NUT
HE12.4.10	Evaluate strategies for being respectful of others and opposing stereotyping and prejudice. VP/B, CEH, ME
HE12.4.11	Demonstrate the ability to advocate for the prevention of violence and bullying. VP/B, CEH, ME
HE12.4.12	Analyze the relationship between physical, social, and mental and emotional health. VP/B, CEH ME

GRADE 12 PERFORMANCE LEVEL DESCRIPTORS

4. PERSONAL AND SOCIAL RESPONSIBILITY

ADVANCED PERFORMANCE

12th grade students at the advanced performance level provide considerable evidence to support their judgment and a complex or defensible rationale to support their conclusion. Their understanding and application of strategies and behavior that enhance health and reduce or avoid health risks is comprehensive, complex and accurate. Their analysis is complete and accurate.

PROFICIENT PERFORMANCE

12th grade students at the proficient level demonstrate provide evidence to support their judgment and a sound rationale to support their conclusion. Their understanding and application of strategies and behavior that enhance health and reduce or avoid health risks is comprehensive but it may lack complexity or may include minor inaccuracies. Their analysis is simple and may include minor inaccuracies.

BASIC PERFORMANCE

12th grade students at the basic level provide limited evidence to support their judgment or faulty rationale to support their conclusion. Their understanding and application of strategies and behavior that enhance health and reduce or avoid health risks is limited. Their analysis is incomplete or inaccurate.

GLOSSARY

Alcohol, Tobacco and Other Drugs: Refers to the use, misuse, abuse, and addiction of and to alcohol, tobacco (smoke and smokeless), other drugs (over-the-counter, prescription, illicit); short- and long-term benefits and risks.

Bullying: Involves an imbalance of power, intent to cause harm and often occurs repeatedly, people who bully use their power to control or harm and the people being bullied may have a hard time defending themselves, examples include verbal, social, physical and cyberbullying. Source: <http://www.stopbullying.gov/>

Community Health: Includes topics such as individual responsibility; healthful school, home, and community environments; community health resources and facilities; official and nonofficial health agencies; health service careers; pollution control; community involvement; current issues; and trends in medical care.

Environmental Health: Addresses individual and community responsibility, pollution, effects of environment on health, environmental protection agencies, population density, world health, waste disposal, sanitation laws, and career choices.

Family Life: Generally covers information about family dynamics, building relationships, child abuse, choices about relationships, family planning, parenting skills.

Growth and Development: Includes changes in body structures and bodily functions across time.

Health: The combination of physical, emotional, social, and mental dimensions of well-being, not merely the absence of disease.

Health Advocacy: Participation as an individual or as a cooperating member of a group actively to promote and support healthful living.

Health Concepts: The overlying ideas that students should know about health. For example, how does alcohol use affect healthy lifestyles and behaviors?

Health Education: Comprises consciously constructed opportunities for learning involving some form of communication designed to improve *health literacy*, including improving knowledge, and developing life skills which are conducive to individual and community health. Source: http://www.who.int/hpr/NPH/docs/hp_glossary_en.pdf

Health Promotion: the process of enabling people to increase control over their health and its determinants, and thereby improve their health. Source: http://www.who.int/hpr/NPH/docs/hp_glossary_en.pdf.

Injury Prevention and Safety: Includes learning about first aid and emergency health care and addresses the prevention of unintentional injuries (e.g., fire, water, pedestrian, bicycle and vehicle safety).

Mental and Emotional Health: Includes the ability to express needs, wants, and feelings; to handle emotions in positive ways; to manage anger and conflict; and to deal with frustration.

Nutrition: Addresses balanced diets, food preparation, reading and understanding food labels, and differences in nutritional needs for pregnant women and more.

Personal Health: Includes personal health habits and actions to prevent or control common health problems - washing hands, eating nutritiously, bathing and personal hygiene, brushing and flossing teeth, exercising, getting sufficient sleep; knowledge about priority health risk factors and their effects on body systems (e.g., what are the effects of alcohol and other drugs on the nervous system, what are the effects of tobacco on respiratory and cardiovascular systems, etc.?).

Protective Factor: Something that increases the likelihood of a positive health outcome or reduces a negative health outcome (e.g., healthy diet, regular exercise, adequate sleep, good dental hygiene, seatbelt use).

Risk Factor: Characteristics, variables or hazards that increases the likelihood of a negative health outcome (e.g., exposure to bullying, use of alcohol, poor diet, lack of sleep, etc.). The CDC identified six priority risk factors for adolescents: tobacco use, poor eating habits, alcohol and other drug use, behaviors that result in intentional or unintentional injuries, physical inactivity, sexual behaviors that result in HIV infection, other sexually transmitted diseases, or unintended pregnancy). Source: <http://www.cdc.gov/HealthyYouth/index.htm>.

Sexuality: the sum of the physical, functional, and psychological attributes that are expressed by one's gender identity and sexual behavior; includes accurate, factual and developmentally appropriate information on sexuality, pregnancy prevention, and sexually transmitted infections such as HIV infection and AIDS.

Skill: An applicable ability, coming from one's knowledge, practice, aptitude, etc., to do something well.

Strategy: The use of a process to achieve a specific outcome or skill.

Validity: The extent to which a measurement is well grounded, based on or borne out by truth or fact, free from logical flaws, contains premises from which the conclusion may logically be derived; sound, cogent.

Violence: the intentional use of physical force or power, threatened or actual, against another person or against a group or community that results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development, or deprivation. Source: <http://www.cdc.gov/ViolencePrevention/youthviolence/>

Violence Prevention: Individual, relationship, community and societal strategies to prevent youth violence; Knowledge about priority health risk behaviors and protective factors that contribute to and reduce youth violence.

Acronyms Health Risk Categories and Traditional Content Areas

ATOD	Alcohol, Tobacco and Other Drugs
CEH	Community and Environmental Health
FAM	Family Life
G&D	Growth and Development
IP/S	Injury Prevention and Safety
ME	Mental and Emotional Health
NUT	Nutrition
PCD	Prevention and Control of Disease
PH	Personal Health
PA	Physical Activity
SEXUALTIY	Human Sexuality
VP/B	Violence Prevention and Bullying

Cognitive Complexity Terms

Cognitive Process	Term	Definition
Remembering	Define	State the precise meaning
	Identify	Name; provide characteristics of
	List	Itemize
Understanding	Describe	Convey an idea or concept
	Explain	Make understandable or comprehensible to others
Applying	Apply	Use of procedure, process, or concept
	Demonstrate*	Show clearly
	Illustrate	Clarify with an example; show clearly with a drawing or words
	Show	Display or point out
Analyzing	Analyze	Separate into parts and identify interrelationships
	Compare	Describe the similarities
	Contrast	Describe the differences
	Distinguish	Differentiate between
Evaluating	Evaluate	Examine carefully and appraise
	Judge	Consider closely and arrive at an opinion
	Justify	Prove to be right correct or valid

* The phrase “the ability to demonstrate” is used in some standards and benchmarks to indicate that student work may be represented through the direct demonstration of a skill (e.g., engage in a conversation with others during a role play) or through an alternative method (e.g., write a dialogue, draw a picture, etc.).

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